

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS286AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2009
NAME OF PROVIDER OR SUPPLIER MARGARET ROSE RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 S 14TH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation State Licensure survey conducted in your facility on 7/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for eighty-eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was 52. Seven resident files were reviewed and 2 employee files were reviewed. Complaint #NV00022426 was substantiated. See Tag Y810. The following deficiencies were identified:	Y 000		
Y 810 SS=D	449.2732(1)(a) Protective Supervision NAC 449.2732 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is able to follow instructions.	Y 810		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 810	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure residents requiring protective supervision were not permitted to remain as a resident unless the resident was able to follow instructions, for 1 of 7 sampled residents (Resident # 2).</p> <p>Findings include:</p> <p>Resident #2 was an 81 year old resident admitted to the facility on 4/16/09 with the diagnoses of COPD, hypertension, congestive heart failure and hypothyroidism. The resident was oxygen dependent and required the continuous use of oxygen on a daily basis.</p> <p>On 7/28/09 approximately 3:40PM, Resident #2 indicated that she smokes 6-8 cigarettes per day. At the time of the interview, despite the visual and smell of smoke which filled the room and permeated into the hallway, the resident denied that anyone had been smoking in her room, At the time of this interview, the surveyor observed a green lighter, 1 full cigarette & 1/2 burned cigarettes on the counter, by the resident's vanity area near her bathroom. The resident's oxygen machine was turned "on" but the resident's nose canula was observed hanging from a knob on her television cabinet.</p> <p>On 7/28/09, interview with Employee #3 indicated that she recalled on one or more occasions, smelling smoke in the hallway in close proximity of the resident's room, but could not identify where the smoke was coming from. She further indicated that all residents were aware that the</p>	Y 810		

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Y 810	Continued From page 2 facility was a "no smoking" facility. Upon notification, Employee #3 indicated that she went to the resident's room to remove the cigarettes and lighter. Severity: 2 Scope: 1 Complaint #NV00022426	Y 810			
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure	Y 920			

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Y 920	<p>Continued From page 3</p> <p>medications were stored in a locked area.</p> <p>Findings include:</p> <p>The following medication was observed unsecured in the bedroom of Resident #2: Pantanol 1% eyedrops (use 2 drops in both eyes twice daily).</p> <p>Severity: 2 Scope: 1</p>	Y 920			

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